

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

Form Approved
OMB No. 2040-0004

FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 05 04 01	TO 05 04 30

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.6	(04)	N/A	FOUR/ WEEK ¹⁾	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	12.3	(04)	N/A	FOUR/ WEEK ¹⁾	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 000300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	5.0	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 000310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	48705	*****	(26)	*****	200	*****	(19)	N/A	FOUR/ WEEK	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 000310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	44334	(26)	*****	*****	175	(19)	0	FOUR/ WEEK	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 000310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	34734	38149	(26)	*****	143	158	(19)	0	FOUR/ WEEK	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 000400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.1	*****	7.5	(12)	N/A	FOUR/ WEEK ¹⁾	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
J. Kris Warren
Manager, Treatment Division
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
(907)564-2799
DATE
05/05/05
AREA CODE NUMBER
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The final effluent autosampler is normally taken off line on Saturdays, Mondays, and Wednesdays for line cleaning for approximately 1.5 hours each time; the composite samples for BODs, TSS, etc. are therefore slightly less than a 24HC on these days. 1) Temp and pH tests scheduled for 4/10/05 were mistakenly missed.

POS 05/19/05

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FACILITY: JOHN M. ASPLUND WWTF---301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM 05 04 01	TO 05 04 30

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PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.3	(12)	0	FOUR/ WEEK ²⁾	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	53177	*****	(26)	*****	218	*****	(19)	N/A	FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24
00530 G 0 0	SAMPLE MEASUREMENT	*****	19259	(26)	*****	*****	82	(19)	0	FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	14015	15109	(26)	*****	58	61	(19)	0	FOUR/ WEEK	COMP24
00530 1 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	19.4	*****	(19)	N/A	ONCE/ MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	93	*****	(30)	0	THREE/ WEEK ¹⁾	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB
FECAL COLIFORM, MPN, EC MED, 44.5C	SAMPLE MEASUREMENT	29.266	*****	(93)	*****	*****	*****	****	N/A	CONTINUOUS	RCORDR
31615 1 0 0	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
FLOW IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
50050 1 0 0	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****		CONTINUOUS	RCORDR

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J. Kris Warren
Manager, Treatment Division
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE (907)564-2799
DATE 05/05/05
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Fecal Coliform results for 4/9/05 sample invalid due to lab error. An extra test was run the following week to make up for the missed sample. 2) Temp and pH tests scheduled for 4/10/05 were mistakenly missed.

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CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	0.7	(19)	0	EVERY 3 HRS	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	29	*****	*****	(23)	**	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0 PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	****	74	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD

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J. Kris Warren Manager, Treatment Division		(907)564-2799	05/05/05
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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** Letter of explanation attached for the less than 30% BOD removal. This requirement is not found in the permit, so it was not noted in this DMR as an exceedance of the permit.

Forms by WindowChem(707)884-0845;p/n11060;v5.01;4/1/96. Rev. 1/05, B1